

Application for Change/Transfer of Water Right

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MAY 17 2012

WA State Department of Ecology (SWRO)

FOR OFFICIAL USE ONLY

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

Check all that apply.) Change purpose(s) of use Add purpose(s) of use X Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Other (i.e. consolidation, intertie, trust water) Explain:Current location of outtake **IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)** I have participated in a pre-application conference with		DATE APPLICATION RECEIVED 5-17-12 CHECK NO FEE \$ DATE ACCEPTED 5-17-12 BY 5 CHANGE NO. CS2 SWX. 238 J 66 COUNTY 210 (10 W) WRIA 18 SPECIAL AREA SEPA: □ EXEMPT □ NOT EXEMPT ECY CODING: 001-002-WR10285-000011 APP NO. 172 3 % PERMIT NO. CERT NO. 238 CERT OF CHG NO The Ecology.	
1. Applicant Information			
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.
Cline Irrigation District		360-683-4431	360-681-3755
ADDRESS		1	
322 Clark Rd.			
CITY		STATE	ZIP CODE
Sequim		Wa.	98382
EMAIL ADDRESS (IF AVAILABLE)			
CONTACT (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Gary Smith		360-683-5049	360-683-5049
ADDRESS			
373 Schmuck Rd.			
CITY		STATE	ZIP CODE
Sequim		Wa.	98382
EMAIL ADDRESS (IF AVAILABLE)			
garsmith@nikolabroadband.com			
LEGAL LAND OWNER or PART OWNER OF BRODOS	ED PLACE OF USE	PHONE NO.	FAX NO.
All places of use described in the 1924 adjudication and as described in the maps provided to DOE by the District.		N/A	N/A
ADDRESS		The second secon	
N/A			
CITY		STATE	ZIP CODE

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER RECORDED NAME(S)

238 Cline Irrigation District

DO YOU OWN THE RIGHT TO BE CHANGED? X YES □ NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS:

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES NO

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal: A. Existing SOURCE NO. SEC. TWP. RGE. PARCEL# WELL TAG# 1/4 1/4 NW SE 26 30 04 **Dungeness River** B. Proposed SOURCE NO. SEC. TWP. RGE. PARCEL# WELL TAG# SW NE 26 30 04 043026420000? DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? EXISTING: YES X NO PROPOSED: YES X NO-IF NO, PROVIDE OWNER(S) NAME: Clallam County Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. 4. Purpose of Use: A. Existing PURPOSE OF USE **GPM or CFS** ACRE-FT/YR PERIOD OF USE Irrigation, Stock and Domestic April 15-Sept. 15 46cfs **B.** Proposed **PURPOSE OF USE GPM or CFS** ACRE-FT/YR PERIOD OF USE No Change 5. Place of Use: A. Existing LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: Those lands described in the 1924 adjudication and those described in maps provided to DOE by this District. 1/4 SEC. TWP. RGE. **COUNTY** PARCEL# # OF ACRES DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES X NO IF NO, PROVIDE OWNER(S) NAME: B. Proposed

6. Remarks and Other Re	levant Information:	
This change is an integral part of	of the sew MOA between DOE and the	ne Dungeness River Agricultural Water
Users Association.		
	William Control of the Control of th	
IF FOR SEASONAL OR TEMPORARY, STAR	T DATE/ END DATE/_	
		- (Appropriate Control of Control
		seller of the water rights. The Departme
		ited actions and therefore may be provide
	urther information, contact: Departmen	t of Revenue, Real Estate Excise Tax,
PO Box 47477, Olympia, WA 98	504-7477. Phone (360) 570-3265.	
7. Signatures:		
7. Signatures.		
I certify that the information abo	ve is true and accurate to the best of n	ny knowledge. I understand that in ord
to process my application, I he	reby grant staff from the Department	of Ecology or the County Conservan
Board access to the above site(s	s) for inspection and monitoring purp	oses. If assisted in preparing this abo
application, I understand that al	l responsibility for the accuracy of the	information rests with me.
CLINE PRIBATION DIST.		
STEPHEN J. OHNSTAD	Sychmotod, Presi	DENT, CLINE 05/07/2017 HIGH DIST, (Date)
Applicant Printed Name – Title	Applicant Signature 172721604	TION DIST, (Date)
1. ~ (
CLINE Irrigation Dest. Water Right Holder Printed Name		(Date)
Water Right Holder Printed Name	Water Right Holder Signature	(Date)
Land Owner of Existing Place of Use Printed N	fame Land Owner of Existing Place of Use	Signature (Date)
I I I O C D C D D D D D D D D D D D D D D D D	Name of Paragraph Plans of Va	Simple (Date)
Land Owner of Proposed Place of Use Printed	Name Land Owner of Proposed Place of Use	e Signature (Date)
Please check the region in which the proj	ect is located:	
*Submit your application to:	Central Regional Office	☐ Eastern Regional Office
Submit your application to.	15 W Yakima Avenue, Suite 200	4601 N. Monroe Street
DEPARTMENT OF ECOLOGY	Yakima, WA 98902	Spokane, WA 99205-1295
CASHIERING SECTION	(509) 575-2490	(509) 329-3400
PO BOX 47611 OLYMPIA, WA 98504-7611		
	☐ Northwest Regional Office	☐ Southwest Regional Office
	3190 – 160 th Avenue SE	PO Box 47775
	Bellevue, WA 98008-5452	Olympia, WA 98504-7775 (360) 407-6300
	(425) 649-7000	(300) 407-0300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE